

OFFICE OF THE MAYOR



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CITY HALL
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *gc*
DATE: June 30, 2016
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for a restaurant mixed drink permit with a change of manager from Allen R. Doakes:

Carl W. Sandberg
The Olive Garden Restaurant #189
2943 Lakewood Village Dr.
North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

Attachments

FILED _____ A.M. 2:18 P.M.
BY Glinda Craigmyle-Mayors off.
DATE 6-30-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Jo Thomas

ASSIGNMENT

D6J003-D6L013

**Date Received:** 06/13/2016**Date Assigned:** 06/23/2016**Applicant:** CARL W. SANDBERG**D.O.B:** 12/27/1962**Green Card Number (Permanent Resident Alien):****Home Address:** 2205 Osage Drive, North Little Rock, AR, 72116**Home Phone:****Business Phone :** 501-758-4603**Cell Phone:** 501-912-3439**Trade Name:** THE OLIVE GARDEN RESTAURANT #189**Former Trade Name:** THE OLIVE GARDEN RESTAURANT #189**Business Address :** 2943 Lakewood Village Dr., North Little Rock **County** Pulaski**Type Of Investigation:** Restaurant Mixed Drink - Change of Manager from Allen Doakes
03358**Dancing, if requested:****Comments / Remarks :****Copies Of Assignment and
Comment Form Mailed to:**

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____**Stockholders / Partners / LLC
Members:**

000000000101

D6J003-D6L045



Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: Allen Doakes

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
03358	THE OLIVE GARDEN RESTAURANT #189 2943 Lakewood Village Dr., North Little Rock, AR, 72116	501-758-4603	

Home Address	Current Address	If new address change here
	23 Mary Ann Cabot, AR, 72023	
Mailing Address	P.O. Box 695016 Orlando, FL, 32869	
Email Address		

Please check the appropriate (Requested Change) :

- ☒ Change Of Manager
☐ Additional Stockholder(s)
☐ Additional Partner(s)

Please check applicable permits :

Select	Permit Description	Fee	
<input checked="" type="checkbox"/>	Restaurant Mixed Drink Maximum	\$50.00	NO CASH
	Total Amount :	\$50.00	

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

3/22/16
DateDoris M. Grady, Agent
Signature

2016 JUN 13 P 12:12



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

*For all **ON PREMISES** permits - except private clubs*

D6J903-D6L014

NAME OF OUTLET

Olive Garden

CITY

N Little Rock

COUNTY

Pulaski

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

No Entertainment

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: CARL W. SANDBERG

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Allen Doakes

BUSINESS NAME: THE OLIVE GARDEN RESTAURANT #189

BUSINESS ADDRESS: 2943 Lakewood Village Dr., North Little Rock, AR, 72116

DATE OF APPLICATION: 06/13/2016

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE : _____

SIGNATURE OF OFFICIAL: _____ DATE: _____

NAME OF AGENCY OR COURT: _____

Do you have any objections to the issuance of this permit? _____
(Yes or No)

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. **Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACICs request, do not run your own criminal history check through ACIC.**